

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
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**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## REAL ESTATE EXAMINING BOARD

### ADDENDUM TO ONLINE APPLICATION

#### INSTRUCTIONS:

Complete applicable section(s) below if you submitted your application via Online Licensure Application System (OLAS) and return directly to DSPS. You may fax/email: (608) 261-7083 or [DSPSCREDREALESTATEBD@wisconsin.gov](mailto:DSPSCREDREALESTATEBD@wisconsin.gov).

If you have a prospective firm, you must complete page 1. If the license is issued without registering a firm on this form, you will need to submit a Notice of Licensee Associated with Firm (**Form #812**) and a \$10.00 fee.

If you are a Broker applicant applying for initial licensure, complete page 2 to verify experience requirements.

#### APPLICANT INFORMATION:

Last Name

First Name

MI

Former / Maiden Name(s)

#### FIRM INFORMATION:

**Type of Firm:** (check one) ☐ Sole Proprietor Broker ☐ Broker Business Entity (Corporation, Partnership, or Limited Liability Company)

**Name of Associated Firm:** (exactly as it appears on license)

**Business Address of Firm's Main Office:** (street, city, state, zip)

**License Number of Firm:**

**Main Office Telephone Number:**

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I certify that the firm listed above will be associated with and assume responsibility for the licensee and that failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

**Print Name of Broker Signing Below:**

**Signature of Sole Proprietor Broker or Representative Broker of Business Entity:**

**Date:**

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# Wisconsin Department of Safety and Professional Services

**EXPERIENCE REQUIREMENTS:** (check **one** of the following and provide corresponding documentation)

- ☐ I am licensed to practice law in Wisconsin, and will submit with this application evidence of my experience related to real estate.
- ☐ I hold a current certificate of financial responsibility under Wis. Stats. § 101.654, and will submit with this application evidence of my experience with real estate sales.
- ☐ I am a reciprocal applicant with a current Broker's license in Illinois or Indiana and will request a license verification to be submitted to the Department of Safety and Professional Services as a requirement of this application.
- ☐ I am an endorsement applicant and have been licensed as a Broker in another state for at least two (2) years within the last four (4) years preceding the date of this application. I will request a license verification to be submitted to the Department of Safety and Professional Services as a requirement of this application.
- ☐ I am an examination applicant who has never held a Broker's license, or I do not qualify for any other experience listed above. I have practiced as a licensed Salesperson under the direct supervision of a licensed Broker for at least two (2) years within the last four (4) years preceding the date of this application. My experience is documented below and verified by my Supervising Broker.\* **If experience was completed with more than one Supervising Broker, make a copy of this page and use a separate page for each Supervising Broker.**

\*At least 40 points of experience must be documented to be eligible for a Broker's license:

- Each completed/closed residential transaction – 5 points
- Each completed/closed commercial transaction – 10 points
- Each property management contract – 0.5 point/month
- Each completed/closed time share – 1 point

Type of Transaction	Role in Transaction	Property Address	Date Completed/Closed	Points
Ex: Residential, single family home	Worked with seller	111 Main Street, Hometown, WI, Zip	1/1/2014	5
			<b>TOTAL POINTS:</b>	

I,  with a Broker's license # ,

have supervised all experience performed above, in accordance with Wisconsin statutes and rules governing the practice of Real Estate. This experience was completed during two (2) years within the last four (4) years preceding the date of this application,

by the applicant , with a Salesperson's license # .

**Supervising Broker Signature:**

**Date:**

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